



NITCO
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REDACTED- FOR PUBLIC INSPECTION

June 30, 2015

Received & Inspected

JUN 30 2015

VIA OVERNIGHT DELIVERY

FCC Mail Room

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

DOCKET FILE COPY GENERATED

RE: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 14-58, 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission

Dear Ms. Dortch:

Northwestern Indiana Telephone Company, Inc., a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,



Thomas C Long

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division
Executive Secretary – Indiana Utility Regulatory Commission

No. of Copies rec'd
List ABCDE

0+1

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	320800
<015> Study Area Name	NORTHWESTERN INDIANA
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Sharon McKay
<035> Contact Telephone Number: Number of the person identified in data line <030>	2199962981 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	amckay@nitco.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">320800in510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">320800in610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(If yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">320800in1010.pdf</div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(If not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Sharon McKay
<035>	Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

320800in112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="text"/>
<114>	Report how much universal service (USF) support was received	<input type="text"/>
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	<input type="text"/>
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	<input type="text"/>
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	<input type="text"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="text"/>

Yes
Yes
Yes
Yes
Yes
Not Applicable

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<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharon McKay
<035>	Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com

[illegible]

<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharon McKay
<035>	Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com

[illegible]

<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharon McKay
<035>	Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com

[illegible]

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharon McKay
<035>	Contact Telephone Number - Number of person identified in data line <030>	2199962991 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com
<810>	Reporting Carrier	Northwestern Indiana Telephone Company, Inc.
<811>	Holding Company	NITCO Holding Corporation
<812>	Operating Company	Northwestern Indiana Telephone Company, Inc.

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No: 3060-0986/OMB Control No: 3060-0819

July 2013

<010> Study Area Code	320800
<015> Study Area Name	NORTHWESTERN INDIANA
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sharon McKay
<035> Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharon McKay
<035>	Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

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July 2013

<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sharon McKay
<035>	Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com

320800in1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	SHARON MCKAY
<035>	Contact Telephone Number - Number of person identified in data line <030>	2199982981 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 320800
 <015> Study Area Name NORTHWESTERN INDIANA
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Sharon McKay
 <035> Contact Telephone Number - Number of person identified in data line <030> 2199962981 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> smckay@nitco.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)
(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit



If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.
(3023) Underlying information subjected to a review by an independent certified public accountant
(3024) Underlying information subjected to an officer certification.
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



- (3026) Attach the worksheet listing required information

320800IN3026.pdf

Name of Attached Document Listing Required Information

LINES 3027 – 3034 FINANCIAL DATA SUMMARY

REDACTED FOR PUBLIC INSPECTION

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	320800
<015> Study Area Name	NORTHWESTERN INDIANA
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sharon McKay
<035> Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	smckay@niteco.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: NORTHWESTERN INDIANA	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2015
Printed name of Authorized Officer: Thomas Long	
Title or position of Authorized Officer: COO	
Telephone number of Authorized Officer: 2199962981 ext.	
Study Area Code of Reporting Carrier: 320800	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	320800	
<015> Study Area Name	NORTHWESTERN INDIANA	
<020> Program Year	2016	
<030> Contact Name - Person USAC should contact regarding this data	Sharon McKay	
<035> Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

LINE 112 FIVE YEAR PROGRESS REPORT FOR SERVICE QUALITY IMPROVEMENT

REDACTED FOR PUBLIC INSPECTION

Northwestern Indiana Telephone Co., Inc. (NITCO)
Study Area 320800

Pursuant to 47 C.F.R. § 54.313(a)(5) and or 47 C.F.R. § 54.422(b)(3) NITCO, is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. NITCO also provides CPNI training to all of its new employees and has yearly refresher training for other employees. NITCO also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages onto its website informing subscribers on CPNI rules and regulations. All company employees are required to sign and acknowledge that they have completed CPNI training and understand obligations to adherence of applicable rules.

NITCO outlines its rates, terms, and conditions under which NITCO offers service in its Local Exchange Service Catalog. The Catalog explains customer rights and obligations, customer service, dispute resolution, deposits, billing and payment options, disconnection of service as well as cancellation of service options. NITCO keeps a copy of these documents available for public inspection at its business offices.

Northwestern Indiana Telephone Co., Inc. (NITCO)
320800

Functionality in Emergency Situations:

Pursuant to 47 C.F.R. § 54.313(a)(6) and 47 C.F.R § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) NITCO meets the requirements to remain functional in emergency situations and has the following capabilities: Back-up power is provided to Hebron central office by use of a fixed generator and batteries that provide it with 10 hours of emergency power. In addition, NITCOs field electronics have 12 hours of back-up power by use of fixed & mobile generators and batteries. NITCO also has SONET technology deployed in its core fiber optic network that is a self-healing and will automatically reroute traffic should a fiber cut occur. In addition NITCO has connectivity to the LATA Tandem which further provides capabilities of handling traffic. Lastly, NITCO is prepared and capable of managing traffic spikes resulting from emergency situations and has developed procedures for employees to follow during emergency situations.

(700) Price Offerings including Voice Rate Data

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
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<035>	Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com

<701>	Residential Local Service Charge Effective Date	1/1/2015
<702>	Single State-wide Residential Local Service Charge	17.15

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320800
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<015>	Study Area Name	NORTHWESTERN INDIANA
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<020>	Program Year	2016
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<030>	Contact Name - Person USAC should contact regarding this data	Sharon McKay
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<035>	Contact Telephone Number - Number of person Identified in data line <030>	2199962981 ext.
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<039> Contact Email Address - Email Address of person identified in data line <030> smckay@nitco.com

<711>

[illegible]

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320800
<015>	Study Area Name	NORTHWESTERN INDIANA
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<035>	Contact Telephone Number - Number of person identified in data line <030>	2199962981 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smckay@nitco.com
<810>	Reporting Carrier	Northwestern Indiana Telephone Company, Inc.
<811>	Holding Company	NITCO Holding Corporation
<812>	Operating Company	Northwestern Indiana Telephone Company, Inc.

[illegible]

Response to Line 1010
Northwestern Indiana Telephone Company, Inc.
320800

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) Northwestern Indiana Telephone Company, Inc., (NITCO) is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$47.48 as specified in Public Notice DA 14-384 issued on April 16, 2015. NITCO's current total local end-user rate¹ of \$17.15 (which includes a local fee of \$12.38, mandated state fees of \$4.77 and mandatory extended area service charges of \$.00) is not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

Northwestern Indiana Telephone Co., Inc. (NITCO)
Study Area 320800

NITCO offers Lifeline service to its voice subscribers based on qualifications established by USAC. NITCO allows qualifying low-income consumers to apply for Lifeline discounts on any residential service plan that includes voice telephony service, including bundled packages of voice and data services; and plans that include long distance minutes and optional calling features such as, but not limited to, caller identification, call waiting, voicemail, and three-way calling. Lifeline support in the amount of \$9.25 per month is made available to an eligible low-income consumer.

All local calls are included with lifeline service. NITCO also makes available several long distance options for lifeline customers to choose from outside of a bundle. NITCO is also an equal access provider, allowing the lifeline customers the option of choosing an array of long distance plans provided by other carriers.

NITCO plans include:

Essential bundle with Phone and DSL 100 minutes = \$54.95, .08 for additional minutes
Preferred bundle with Phone and DSL 300 minutes = \$64.95, .05 for additional minutes
Premier bundle with Phone and DSL unlimited LD = \$74.95
Phone only Bronze 200 minutes = \$24.10 .05 for additional minutes
Phone only Silver 600 minutes = \$34.10 .04 for additional minutes
Phone only Gold unlimited minutes = \$47.10

NITCO does outreach in regards to lifeline service in the form of advertising in publications such as newspapers and local sale papers. NITCO also prints bill messages in regards to lifeline. NITCO provides brochures to several local agencies for disbursement.

NITCO recertifies these customers yearly based on USACs requirements and updates the NLAD database as required.

Response to Line3010
Northwestern Indiana Telephone Company, Inc.
Study Area 320800

Milestone Certification

Pursuant to 47 C.F.R. § 54.202(a) Northwestern Indiana Telephone Company, Inc., (NITCO) provides this certification that it is taking reasonable steps to provide upon reasonable request broadband speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to offerings in urban areas as determined in an annual survey as specified in Public Notice DA 15-470, and that requests for such service are met within a reasonable amount of time. Details for how NITCO is meeting its obligations for broadband goals and required obligations are specified within the FCC Form 481 annual filing.

LINES 3005 RATE OF RETURN DATA

REDACTED FOR PUBLIC INSPECTION